

FACETS

Family-guided Routines for Early Intervention

Notes

Families identify many different activities which occur on a regular basis that are teaching and learning opportunities. Feeding the pets, getting ready for nap, putting away toys, making chocolate milk, calling grandma on the phone, getting the mail, or choosing what to drink are examples of different activities identified by families. Families frequently identify caretaking routines such as dressing, meals and bath time as family activities.

Activities or routines can be brief and simple like a hug and kiss goodbye when big brother goes to school or may be complex and contain several related activities. Bath time would be an example of a routine with many related subroutines including undressing, washing, shampooing, drying, and then redressing. Both simple and complex routines that provide opportunities for teaching and learning can be identified.

By definition, routines are a part of daily life. They are the meaningful events, common chores, and work associated with living. As Webster (1989) defines routines, several key features of effective intervention are delineated. Routines occur on a regular basis and are repeated frequently. Routines are systematic and follow a typical sequence with a predictable response or outcome. Some may be completed in a rote, unvarying manner. While routines share many of these features, people tend to undertake routines in a very individual and highly personal fashion.

Some people say they follow their routines consistently without any changes. Their routines are like being on "automatic pilot." Others follow a basic pattern but are flexible within the sequence. They try different ways and are satisfied when the job simply gets done.



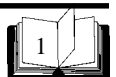
"Routine"



- Customary or regular course of procedure.
- Common place task, chores or duties done regularly or at specified intervals.
- Typical or everyday activity.
- Regular, unvarying, habitual rote procedure.
- Unvarying, constantly repeated formula, predictable response.

~Webster's Dictionary

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“We have many daily activities. We get up and he has breakfast. We play in the floor and watch TV. He helps me vacuum and clean up, and then we go outside and play. Then in the afternoon, if we don’t go to town, we go in and have a snack and wait for the other kids to come home from school. Some days we go into town for his therapies.”

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Some individuals report limited flexibility in certain routines and yet considerable flexibility in others. One mother commented, “Don’t mess with my morning routine until I’ve had my coffee.” Yet, she described herself as adaptable within other routines, such as housekeeping. “I may pick up a few things, dust, and then vacuum, or I may throw everything on the couch while I vacuum and then put it away later. My goal is to get the room picked up before the kids get home from school. I don’t care as much about how it happens as long as it happens.”

Routines are functional events of daily living in which the consistent procedures provide a familiar framework for careproviders and children to engage in teaching and learning. Routines are valued as a context for intervention with children who have special needs because they are so repetitive and predictable. Routines are common chores or everyday activities, and as such offer opportunities to practice meaningful skills in settings and situations as they are needed. Careproviders are available and interacting with the child to accomplish the task at hand. In most routines, a positive outcome is achieved, e.g. a snack or a dry diaper!

Many variables impact individual routines...

- family history, culture, and values;
- personality or style;
- the number of people in a household;
- environmental arrangements, such as sharing a bathroom;
- logistics, such as work or school schedules;
- age and gender;
- physical and mental health;
- abilities and disabilities...

The variables, and their impact, are essential for families and team members to consider when identifying routines for intervention. Focusing discussions, brainstorming, joint problem solving, and planning on those variables ensures that intervention programs remain responsive to the family and individualized for the child's priorities.



“It’s difficult for me to work with him in the afternoons. Once the other children come home, it’s harder because I have three other people to take care of.”

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“Our routines vary. It just depends. There are different days that we have therapy and people coming. We usually don’t have a typical stay at home day.”



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Families respond differently to questions about their typical day. Some families identify diapering, snacks, dressing, handwashing, tooth brushing, hair care, bathing, watching Barney, or reading a story as typical daily care routines. Others identify specific activities related to the care of their child, such as doctor or therapy appointments, physical exercises, or medical procedures, such as breathing treatments or stoma care. Some careproviders identify family activities and list housework (e.g., cooking, laundry, running errands, shopping, car pool duties), jobs (e.g. dad works 7:30 until 5:00), and community activities (aerobics, church, little league). Still others identify their daily schedule as their "routine" and respond with a sequence of activities with times of the day (e.g. we get up at 7:30 am).

Sometimes families are not able to easily identify typical daily routines because every day is different. Activities may vary widely and schedules may be very flexible. Multiple care providers, each with his or her own approach, may assist the child. A highly variable and frequently changing lifestyle does not preclude family- guided routines based intervention. While the frequency, sequence, and procedure may vary, families complete tasks to accomplish outcomes in their own time frame. Routines should not be equated with schedules, even though many careproviders and interventionists frequently do so due to the time constraints placed on early intervention services.



Components of a Routine

- **Beginning and ending**
- **Outcome oriented**
- **Meaningful**
- **Predictable**
- **Sequential or systematic**
- **Repetitious**

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Any activity can become a routine if it is repeated regularly, has a predictable outcome, and if a sequence can be developed. Actions or events of interest to the careproviders can be established as intervention routines, if the family so chooses. Changing channels using the remote control, washing clothes at the laundramat, or making a sandwich can become an intervention routine. Taking the dog for a walk, greeting visitors or family members, or riding a rocking horse are examples of activities families identified and developed into routines.

Family-guided routines useful for intervention are those predictable and meaningful activities identified by the family that match the interests and individual schedules of the child and family. Not every activity or routine is appropriate for intervention. For example, meals may be an ideal time for teaching and learning for one family. However, they may not be chosen by another family due to the child's difficulty eating or the family's busy schedule. Putting on shoes may be a perfect opportunity for one child to work on specific outcomes but may not meet another child's need at a particular time.



- are identified by the family;
- match the child and family interests;
- maintain family preferred system/sequence
- promote positive interactions;
- embed functional targets into meaningful outcomes;
- are flexible and adaptable; and,
- change with the child and family.

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Routines selected for intervention should be positive and functional for both the child and the careprovider. Intervention routines should enhance use of the child's skills and the potential for positive outcomes. The family guides the selection of the routine as well as the targets and contexts for intervention within the routine. The system or sequence used by the family within the routine is maintained.

Routines change over time. The change is sometimes gradual and is cause for celebration, such as when a child learns to feed himself or becomes independent in toileting. Other times the change is dramatic. For example, careproviders report major changes in routines when an additional child is born, when both parents join the work force, or when a significant transition occurs in child care. Sometimes routines change because of unpredictable circumstances (e.g. the loss of a job, death of a close family member, or illness of a child or careprovider). The family may need to change roles and responsibilities or identify new contexts for intervention entirely. Family-guided intervention routines are flexible and dynamic, changing to meet the varied needs of the child, the careproviders, and the family as a unit. The key to successful family-guided routines is positive interactions between the child and the careprovider.

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